## **City of Hartford Pension Electronic Advice Authorization Form**

Please complete and return this form to the Pension Unit. This authorizes the City of Hartford to send your Direct Deposit Monthly Pension Advice electronically to the email account of your choice.

I authorize the City of Hartford to issue my Dir electronically to the following email address:	ect Deposit Monthly F	Pension Advice
This authorization will be in effect until the City termination notice from me, and has a reasona		
Printed Name	Employee ID #	Last 4 Digits SSN
Signature	Date	

IMPORTANT: This document must be signed by Retirees requesting electronic delivery of monthly pension checks. Pensioners must complete the form in a legible manner due to the security involved. The email is a password protected file requiring the employee to enter the last four digits of their social security number to access to data.

Return Forms to: City of Hartford Pension Unit, 550 Main Street, Hartford, CT 06103, Or fax to 860-722-6068